2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED DOCUMENT # L06000081815 1. Entity Name ANCHOR TOWER, LLC 08 JAN 30 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1133 LOUISIANA AVE., SUITE 114 1133 LOUISIANA AVE., SUITE 114 WINTER PARK, FL 32789 WINTER PARK, FL 32789 01102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5432190 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required The state of the same 6. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. DO NOT WRITE C/O RICHARD D. BAXTER, ESQ. 1000 LEGION PLACE, SUITE 1200 IN THIS SPACE ORLANDO, FL 32801 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR MLE 900117640179 02/11/08--01005--013 **\$66,25 NAME O'SHAUGHNESSY, TIMOTHY O 1133 LOUISIANA AVE., SUITE 114 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 MGR TITLE TUDOR, WILLIAM L JR. NAME STREET ADDRESS 1133 LOUISIANA AVE., SUITE 114 CITY-ST-7IP WINTER PARK, FL 32789 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

KAME STREET ADDRESS

1124108

407-622-1377